

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1644
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	B-7 DOMAIN-SPECIFIC ANTIBODIES
Attorney Docket Number::	BWI-120CPADV2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition included?::	No
Licensed US Govt. Agency::	NIH
Contract or Grant Numbers::	CA-40216 and GM46883
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Arlene
Middle Name::	H.
Family Name::	Sharpe
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US

Street of mailing address:: 305 Walnut Street  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Francescopiaolo  
Family Name:: Borriello  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Perry Street, Apt. 3  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gordon  
Middle Name:: J.  
Family Name:: Freeman  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 305 Walnut Street  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lee  
Middle Name:: M.  
Family Name:: Nadler  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 36 Cross Hill Road  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02159

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/837867	04/17/01
09/837867	Division of	08/205697	03/02/94

#### **Assignee Information**

Assignee name:: BRIGHAM AND WOMENS HOSPITAL  
Street of mailing address:: 75 Francis Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02115

**Assignee name::** Dana-Farber Cancer Institute, Inc.  
**Street of mailing address::** 44 Binney Street  
**City of mailing address::** Boston  
**State or Province of mailing address::** MA  
**Postal or Zip Code of mailing address::** 02115